

Medical Imaging Request

Please see instructions on back

Patient Name: _____

Day Phone: _____ DOB: _____

Appointment Date: _____ Time: _____

Insurance: _____



A division of North State Radiology

NEW LOCATION!
All services located
inside the Chico
Breast Care Center

1720 Esplanade
Chico, CA 95926
530 898-0500
FAX 898-0515
nsradiology.com

Please call patient to schedule Exam

Request Pre-Auth Assistance

Diagnosis/Reason for Exam _____

ICD-10 Code: _____

Please fax relevant clinical information to our office along with this order.

Ultrasound Kidney Bladder Fetal Pelvic with vaginal probe Pelvic without vaginal probe

Ultrasound Thyroid Testicular Aorta Soft Tissue non-vascular

Area of concern: _____

Abdominal Ultrasound Please check appropriate exam below:

RUQ includes liver, gallbladder, pancreas, aorta, and right kidney LUQ includes spleen and left kidney Complete

Hernia Study Location: _____

Vascular Ultrasound Please check appropriate exam below:

Carotid

Doppler Ultrasound Please check appropriate exam below:

Extremity Venous Doppler (DVT) ___ Bilat ___ R ___ L and ___ Upper ___ Lower

Superior Mesenteric Artery / Celiac Artery Doppler Renal Artery Doppler Pseudoaneurysm

Referring Provider Name (Please Print): _____

Referring Provider Signature: X _____ CC _____

Phone Report (_____) _____

Hand Carry CD

Send CD

Please FAX Form to: 530 898-0515 • Important patient information on back.



**North State
Radiology
Medical Group**
nsradiology.com

North State Imaging

PATIENT INSTRUCTIONS

*Please bring this referral slip (order), insurance card,
and photo ID to your appointment*

Examination Instructions/Preparations: Some exams require preparation prior to your appointment. Please check the prep instructions below for the exam you are having. Patients who are improperly prepared for their exam may need to be rescheduled. Please call our center if you have any questions or visit our website at www.nsradiology.com for more information.

ULTRASOUND (Kidney, Bladder, Fetal, Pelvic): Drink 1 quart of water 1½ hours prior to appointment, finishing 1 hour prior to appointment. Do not urinate.

ULTRASOUND (Abdomen, Aorta):
Take nothing by mouth after midnight.

ULTRASOUND (Thyroid):
Please wear a shirt with a low neckline or that opens in front if possible.

VASCULAR ULTRASOUND: Please do not use lotion or powder on the day of your exam.

- **Renal Artery Doppler:**
Take nothing by mouth after midnight. Please allow 1½ hours for exam.
- **Mesenteric/Celiac Artery and Pseudoaneurysm:**
Take nothing by mouth after midnight.
- **Aorta/Illiac/Abdominal Doppler:**
Take nothing by mouth after midnight.

**Outpatient
Centers:**

**Chico Breast
Care Center**

NEW LOCATION!

All services now
located next door
at 1720 Esplanade,
inside the Chico
Breast Care Center

**North State
Imaging**

1720 Esplanade
Chico, CA 95926
530 898-0500
FAX 898-0515

**Building located on Esplanade, a block
north of Enloe Medical Center.**

Free off-street parking can be accessed from
East 7th Avenue. All buildings are ADA accessible.



Excellence in Imaging